

ADHS-BSL-SPHR RENEWAL APPLICATION Page 1 of 5
Speech-Language Pathologist Assistant ver. 2015-07-01

License First Name, MI., Last Name	<input type="checkbox"/> A-1-d. License Expiration Date	<input type="checkbox"/> A-1-d. Full License Number
		SLPA

<p>PLEASE NOTE: If it is more than 30 days after your license expired, the license is non-renewable.</p> <p>Please e-mail OSL.TArequests@azdhs.gov for assistance or contact the Bureau of Special Licensing at 602-364-2079.</p>	
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Please complete the following:		For ADHS-BSL Use Admin. Review	For ADHS-BSL Use Substantive Review
<input type="checkbox"/> AAC R9-16-503 A-1-g. Do you agree to allow the Department to submit supplemental requests for information under R9-16-505?	YES NO		
<input type="checkbox"/> AAC R9-16-503 A-1-a. The applicant's full legal name [First, Middle, Last];			
<input type="checkbox"/> 503 A-1-a. The applicant's home address [Primary Personal Mailing Address];			
<input type="checkbox"/> 503 A-1-a. The applicant's personal contact telephone number;			
<input type="checkbox"/> 503 A-1-a. The applicant's e-mail address [Please Ensure Personal Deliverability];			
<input type="checkbox"/> 503 A-1-b. The name of the applicant 's employer, if applicable; [List if multiple]			
<input type="checkbox"/> 503 A-1-b. The applicant 's <u>employer's</u> business address, if applicable; [List if multiple]			
<input type="checkbox"/> 503 A-1-b. The applicant 's <u>employer's</u> telephone number, if applicable; [List if multiple]			

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Please complete the following:	For ADHS-BSL Use Administrative Review	For ADHS-BSL Use Substantive Review
<input type="checkbox"/> AAC R9-16-503 A-1-c., & Supplemental Request per R9-16-505: Provide the name (required) and Arizona license number of the applicant's <u>supervising speech-language pathologist</u> if applicable; List if multiple.		
<input type="checkbox"/> Supplemental Request per R9-16-505: Please provide the Name, Physical Address, and Practice Contact Phone Number of each location <u>where you practice</u> speech-language pathology. List if multiple;		
<input type="checkbox"/> AAC R9-16-503 A-1-e. Since your previous license application, have you been convicted of a felony or a misdemeanor involving moral turpitude in this or another state?	YES NO	
<input type="checkbox"/> A-1-f. If YES to A-1-e., Include a copy of all of the following for each conviction: <input type="checkbox"/> i. The date of the conviction, <input type="checkbox"/> ii. The state or jurisdiction of the conviction, <input type="checkbox"/> iii. An explanation of the crime of which the applicant was convicted, and <input type="checkbox"/> iv. The disposition of the case;		
<input type="checkbox"/> Supplemental Request per R9-16-505: Within the two years before the renewal application date, have you had a speech-language pathology license suspended or revoked by any state?	YES NO	

Pursuant to A.R.S. 41-1030(B)(D)(E)(F)

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

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INSTRUCTIONS: PLEASE READ THIS ENTIRE PAGE BEFORE COMPLETING

Continuing Education Required for License Renewal per A.A.C. R9-16-504

- A.** According to A.R.S. § 36-1904, a licensee shall complete at least 20 continuing education hours.
- B.** Continuing education shall:
1. Directly relate to the practice of speech-language pathology;
 2. Have educational objectives that exceed an introductory level of knowledge of speech-language pathology; and
 3. Consist of courses that include advances within the last five years in:
 - a. Practice of speech-language pathology,
 - b. Auditory rehabilitation,
 - c. Ethics, or
 - d. Federal and state statutes or rules.

IF your proof-of-completion documents (e.g. CEU credit transcripts, certificates) *POSITIVELY SHOW* the continuing education course was developed, endorsed, or sponsored by one of the organizations listed per AAC R9-16-208-(C) [copied below];

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Hearing Healthcare Providers of Arizona, 2. Arizona Speech-Language-Hearing Association, 3. American Speech-Language-Hearing Association, 4. International Hearing Society, 5. International Institute for Hearing Instrument Studies, 6. American Auditory Society, 7. American Academy of Audiology, | <ol style="list-style-type: none"> 8. Academy of Doctors of Audiology, 9. Arizona Society of Otolaryngology-Head and Neck Surgery, 10. American Academy of Otolaryngology-Head and Neck Surgery, or 11. An organization determined by the Department to be consistent with an organization in subsection (C)(1) through (10). |
|--|---|

THEN, provide a clear copy of your proof-of-completion document for each continuing education course you are submitting. You must submit **at least 20 clock hours** of completed courses. We recommend you submit **all** applicable courses completed during the active license period as they can only apply for this renewal. *Keep the original for your records.*

On each proof-of-completion document:	For ADHS-BSL Use Administrative Review	For ADHS-BSL Use Substantive Review
<input type="checkbox"/> Please highlight the organization listed per A.A.C. R9-16-208(C) that developed, endorsed, or sponsored the course.***		
<input type="checkbox"/> Please highlight the number of clock hours you completed.		

*****FOR ANY** course proof-of-completion that does NOT indicate development, endorsement, or sponsorship by an organization listed in A.A.C. R9-16-208 (C), please complete the next page to request approval for each of those courses.

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!FOR USE WITH SLPA RENEWAL APPLICATION ONLY!

Request for Approval of a Continuing Education Course per A.A.C. R9-16-208:

Please complete this page for each course that was NOT developed, endorsed, or sponsored by one of the organizations listed per A.A.C. R9-16-208(C). Duplicate this page as needed.

Please complete the following:	For ADHS-BSL Administrative Review	For ADHS-BSL Substantive Review
<input type="checkbox"/> AAC R9-16-503-A-2-a. The name of the individual or organization providing the course;		
<input type="checkbox"/> 503-A-2-b., 504-D-7. The date and time the course is provided or was completed;		
<input type="checkbox"/> 503-A-2-b., 504-D-7. The location where the course was provided [Physical or WebURL];		
<input type="checkbox"/> 503-A-2-c., 504-D-3. The title of the course;		
<input type="checkbox"/> 503-A-2-d., 504-D-4., D-6. The description of the course content and educational objectives;		
<input type="checkbox"/> 503-A-2-e.,f., 504-D-5. The name of the course instructor(s) [presenter] and their education, training, teaching experience, and background, if applicable;		
<input type="checkbox"/> A-2-g. The number of continuing education clock hours earned or provided for this course [e.g. convert ASHA CEU 0.45 into 4.5 hours];		

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Please complete the following:		ADHS-BSL Administrative Review	ADHS-BSL Substantive Review
<input type="checkbox"/> R9-16-507 (B.) Request for a Duplicate License If requesting a duplicate license, please add a \$25 fee for each duplicate license requested. →→→	\$		
<input type="checkbox"/> AAC R9-16-503 B-2. In addition to the documentation and renewal fee in subsection (A), an applicant who submits a renewal application within 30 calendar days <i>after</i> the license expiration date shall submit a [if applicable] \$25 late fee. →→ →	\$		
<input type="checkbox"/> 503-A-3. Please enclose a license renewal fee in the amount of \$200 , made payable to <i>Arizona Department of Health Services</i> . Print on the memo line your Full License Number and "LIC RENEW".	\$ 200		
Total Payment Amount Encl. →→ →	\$		
<i>Please make and keep a receipt copy of your payment.</i>			
<input type="checkbox"/> 503-A-1-h. By your signature below, you attest that the information submitted in this application is true and accurate.			
<input type="checkbox"/> 503-A-1-i. The applicant's signature			
<input type="checkbox"/> 503-A-1-i. The applicant's date of signature			

Before submitting your application, please double-check that all application pages, documents, attachments, and fees are included. Be sure to save a personal copy of your completed application and any attachments. If you wish confirmation of the receipt of your application, please deliver it via a receipt confirmation service.

Mail the completed application and all required documentation to:

**Arizona Department of Health Services
Bureau of Special Licensing
150 North 18th Avenue, Suite 410
Phoenix, Arizona 85007**

**For questions and technical assistance, feel free to contact the Bureau
by phone, 602-364-2079 or by e-mail, OSL.TArequests@azdhs.gov**